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CONFIRMATION NO. 5759

Bib Data Sheet

SERIAL NUMBER 09/924,785	FILING DATE 08/08/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 29981.15
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## APPLICANTS

Pardeep Kohli, Plano, TX;  
 Seshagiri R. Madhavapeddy, Richardson, TX;  
 Jianming Xu, Plano, TX;  
 Ghassan Naim, Garland, TX;

\*\* CONTINUING DATA \*\*\*\*\* S.A.

THIS APPLN CLAIMS BENEFIT OF 60/307,216 07/20/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* S.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\*  
 \*\* 09/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Jianming Xu</i> <i>S.A.</i> Allowance Examiner's Signature <i>S.A.</i> Initials				

## ADDRESS

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## TITLE

Method and system for supporting wireless network services in a network through another network having a different network technology

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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**\*BIBDATASHEET\*****CONFIRMATION NO. 5759**

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SERIAL NUMBER 09/924,785	FILING OR 371(c) DATE 08/08/2001 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. 29981.15
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**APPLICANTS**

Pardeep Kohli, Plano, TX;  
 Seshagiri R. Madhavapeddy, Richardson, TX;  
 Jianming Xu, Plano, TX;  
 Ghassan Naim, Garland, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/14/2001

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	8	20	4

**ADDRESS**

024587

**TITLE**

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Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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